



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

D3806-041

Job Sheet 198749



Part No: D3806-041

Job Qty: 6 pcs

Part Name: Wearbar Weldment



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 8/6/19

Job Tracking No:

Due Date: 8/23/19

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV C SHEETS 1,5 IPP REV:A 16.04.01 NEW ISSUE DD VERF:JLM

Ship Via:

## Bill of Materials

## Job Routing

| Op No | Operation   | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |      | Lead Time | Sign-off |
|-------|-------------|-------|------------|----------|-----------|---------|-----------------------|------|-----------|----------|
|       |             |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier |      |           |          |
| 110   | HAAS 4 Axis | 6 pcs | 8/23/19    |          | 0.57      | 2.56    | HAAS - 1              |      |           |          |
|       |             |       |            |          |           |         | HAAS - 2              |      |           |          |
|       |             |       |            |          |           |         | HAAS - 3              | DAS  |           |          |
|       |             |       |            |          |           |         | HAAS - 4              | 52   |           |          |
| 120   | QC 2        | 6 pcs | 8/23/19    |          | 0.00      | 0.00    | QC 2 - 1              | 9-89 |           | 17/09/15 |
|       |             |       |            |          |           |         | QC 2 - 12             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 14             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 17             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 19             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 2              |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 20             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 22             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 23             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 25             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 32             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 33             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 35             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 39             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 4              |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 40             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 44             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 45             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 48             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 49             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 50             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 51             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 52             | DAS  |           |          |
|       |             |       |            |          |           |         | QC 2 - 57             | 52   |           |          |
|       |             |       |            |          |           |         | QC 2 - 62             | 9-89 |           |          |
|       |             |       |            |          |           |         | QC 2 - 63             |      |           |          |
|       |             |       |            |          |           |         | QC 2 - 8              |      |           |          |



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Container No: S212701



Part: D3806-041

Job No: 198749

Serial No/Batch: S212701

Revision:

Inspector:

Exp Date:

Instructions: Various STC's

Date: 09/11/19

Plex 8/6/19 9:58 AM Dart.lajeunesse.marie

|                             |          |         |           |                                |            |
|-----------------------------|----------|---------|-----------|--------------------------------|------------|
| 130 QC 8                    | 6<br>pcs | 8/23/19 | 0.00 0.00 | QC 2 - 66                      |            |
|                             |          |         |           | QC 2 - 64                      |            |
|                             |          |         |           | QC 2 - 65                      |            |
|                             |          |         |           | QC 2 - 5                       |            |
|                             |          |         |           | QC 2 - 71                      |            |
|                             |          |         |           | QC 2 - 73                      |            |
|                             |          |         |           | QC 2 - 69                      |            |
|                             |          |         |           | QC 8 - 12                      | mK19/09/16 |
|                             |          |         |           | QC 8 - 14                      |            |
|                             |          |         |           | QC 8 - 17                      |            |
|                             |          |         |           | QC 8 - 20                      |            |
|                             |          |         |           | QC 8 - 25                      |            |
|                             |          |         |           | QC 8 - 3                       |            |
|                             |          |         |           | QC 8 - 32                      |            |
|                             |          |         |           | QC 8 - 33                      |            |
|                             |          |         |           | QC 8 - 35                      |            |
|                             |          |         |           | QC 8 - 39                      |            |
|                             |          |         |           | QC 8 - 4                       |            |
|                             |          |         |           | QC 8 - 44                      |            |
|                             |          |         |           | QC 8 - 45                      |            |
|                             |          |         |           | QC 8 - 49                      |            |
|                             |          |         |           | QC 8 - 58                      |            |
|                             |          |         |           | QC 8 - 8                       |            |
|                             |          |         |           | QC 8 - 9                       |            |
|                             |          |         |           | QC 8 - 68                      |            |
|                             |          |         |           | QC 8 - 67                      |            |
|                             |          |         |           | QC 8 - 1 (A)                   |            |
|                             |          |         |           | QC 8 - 47                      |            |
|                             |          |         |           | QC 8 - 40                      |            |
|                             |          |         |           | QC 8 - 52                      |            |
|                             |          |         |           | QC 8 - 23                      |            |
|                             |          |         |           | QC 8 - 57                      |            |
| 140 Automated Welding - B4B | 6<br>pcs | 8/23/19 | 0.00 3.80 | Automated Welding - 1 -<br>B4B | ML         |
| 150 QC 9                    | 6<br>pcs | 8/23/19 | 0.00 0.00 | QC 9 - 10                      | EL         |
|                             |          |         |           | QC 9 - 18                      |            |
|                             |          |         |           | QC 9 - 24                      |            |
|                             |          |         |           | QC 9 - 43                      |            |
|                             |          |         |           | QC 9 - 50                      |            |
|                             |          |         |           | QC 9 - 9                       |            |
| 160 QC 5                    | 6<br>pcs | 8/23/19 | 0.00 0.00 | QC 5 - 10                      | B          |
|                             |          |         |           | QC 5 - 12                      |            |
|                             |          |         |           | QC 5 - 17                      |            |
|                             |          |         |           | QC 5 - 18                      |            |
|                             |          |         |           | QC 5 - 19                      |            |
|                             |          |         |           | QC 5 - 22                      |            |
|                             |          |         |           | QC 5 - 24                      |            |
|                             |          |         |           | QC 5 - 3                       |            |
|                             |          |         |           | QC 5 - 43                      |            |
|                             |          |         |           | QC 5 - 49                      |            |
|                             |          |         |           | QC 5 - 51                      |            |
|                             |          |         |           | QC 5 - 58                      |            |
|                             |          |         |           | QC 5 - 68                      |            |
|                             |          |         |           | QC 5 - 9                       |            |
|                             |          |         |           | QC 5 - 50                      |            |
|                             |          |         |           | QC 5 - 30                      |            |
|                             |          |         |           | QC 5 - 40                      |            |
|                             |          |         |           | QC 5 - 61                      |            |
|                             |          |         |           | QC 5 - 81                      |            |

|                                 |       |         |           |                        |    |
|---------------------------------|-------|---------|-----------|------------------------|----|
| 170 Packaging 3-1 - Stock - B4B | 6 pcs | 8/23/19 | 0.00 0.00 | Packaging 3 - 1 - B4B  |    |
|                                 |       |         |           | Packaging 3 - 2 - B4B  |    |
|                                 |       |         |           | Packaging 3 - 3 - B4B  |    |
|                                 |       |         |           | Packaging 3 - 4 - B4B  |    |
|                                 |       |         |           | Packaging 3 - 5 - B4B  |    |
|                                 |       |         |           | Packaging 3 - 6 - B4B  |    |
|                                 |       |         |           | Packaging 3 - 7 - B4B  |    |
|                                 |       |         |           | Packaging 3 - 8 - B4B  |    |
|                                 |       |         |           | Packaging 3 - 9 - B4B  |    |
|                                 |       |         |           | Packaging 3 - 10 - B4B |    |
|                                 |       |         |           | Packaging 3 - 11 - B4B |    |
|                                 |       |         |           | Packaging 3 - 12 - B4B | 12 |
|                                 |       |         |           | Packaging 3 - 13 - B4B |    |
|                                 |       |         |           | Packaging 3 - 14 - B4B |    |
|                                 |       |         |           | Packaging 3 - 15 - B4B |    |
|                                 |       |         |           | Packaging 3 - 16 - B4B |    |
|                                 |       |         |           | Packaging 3 - 17 - B4B |    |
|                                 |       |         |           | Packaging 3 - 18 - B4B |    |
|                                 |       |         |           | Packaging 3 - 19 - B4B |    |
|                                 |       |         |           | Packaging 3 - 20 - B4B |    |
|                                 |       |         |           | Packaging 3 - 21 - B4B |    |
|                                 |       |         |           | Packaging 3 - 22 - B4B |    |
|                                 |       |         |           | Packaging 3 - 23 - B4B |    |
|                                 |       |         |           | Packaging 3 - 24 - B4B |    |
|                                 |       |         |           | Packaging 3 - 25 - B4B |    |
|                                 |       |         |           | Packaging 3 - 26 - B4B |    |
|                                 |       |         |           | Packaging 3 - 27 - B4B |    |
|                                 |       |         |           | Packaging 3 - 28 - B4B |    |
|                                 |       |         |           | Packaging 3 - 29 - B4B |    |
|                                 |       |         |           | Packaging 3 - 30 - B4B |    |
|                                 |       |         |           | Packaging 3 - 31 - B4B |    |
|                                 |       |         |           | Packaging 3 - 32 - B4B |    |
|                                 |       |         |           | Packaging 3 - 33 - B4B |    |
|                                 |       |         |           | Packaging 3 - 34 - B4B |    |
|                                 |       |         |           | Packaging 3 - 35 - B4B |    |
|                                 |       |         |           | Packaging 3 - 36 - B4B |    |
| 180 QC 21 - SA                  | 6 pcs | 8/23/19 | 0.00 0.00 | QC 21 - SA - 21        |    |
|                                 |       |         |           | QC 21 - SA - 70        |    |
|                                 |       |         |           | QC 21 - SA - 53        |    |

Part Op 110 - Cut blanks at 45.0" \*\*\*EXTRA MAT'L WILL BE CUT AT ASSEMBLY\*\*\* 1-Mill as per folio FB070 & dwg FOLIO  
 Descriptions: REV: B DWG REV: C 2-Debur as required

120 - (QC2- Inspect parts off machine FAI/FAIB)

130 - (QC8- Inspect parts - second check)

140 - (Automated welding)

150 - (QC9- Inspect visual per QSI004- Fusion Welds)

160 - (QC5- Inspect part completeness to step on W/O)

170 - (Identify as per dwg & Stock Location: W/Asst)

180 - QC21- Final Inspection - Work Order Release)

### Job BOM

| Part / Item      | Component Name      | Quantity             | Operation       | Container |
|------------------|---------------------|----------------------|-----------------|-----------|
| M304B0.250x0.500 | 304 Bar .250 X .500 | 22.5000 ft (3.75 ea) | 110-HAAS 4 Axis | 5186690   |

### Job Allocations

| Operation       | Component Part   | Required | Inventory | Allocated |
|-----------------|------------------|----------|-----------|-----------|
| 110-HAAS 4 Axis | M304B0.250x0.500 | 23       | 211       | 0         |

**Part Specifications**

Specifications could not be found.

*Plex 8/6/19 9:58 AM Dart.lajeunesse.marie*

198749

## INSPECTION SHEET

DAS  
52  
9-89

19/09/11

**Date:**

|    |     |
|----|-----|
| 1  | 2   |
| 3  | 4   |
| 5  | 6   |
| 7  | 8   |
| 9  | 10  |
| 11 | 12  |
| 13 | 14  |
| 15 | 16  |
| 17 | 18  |
| 19 | 20  |
| 21 | 22  |
| 23 | 24  |
| 25 | 26  |
| 27 | 28  |
| 29 | 30  |
| 31 | 32  |
| 33 | 34  |
| 35 | 36  |
| 37 | 38  |
| 39 | 40  |
| 41 | 42  |
| 43 | 44  |
| 45 | 46  |
| 47 | 48  |
| 49 | 50  |
| 51 | 52  |
| 53 | 54  |
| 55 | 56  |
| 57 | 58  |
| 59 | 60  |
| 61 | 62  |
| 63 | 64  |
| 65 | 66  |
| 67 | 68  |
| 69 | 70  |
| 71 | 72  |
| 73 | 74  |
| 75 | 76  |
| 77 | 78  |
| 79 | 80  |
| 81 | 82  |
| 83 | 84  |
| 85 | 86  |
| 87 | 88  |
| 89 | 90  |
| 91 | 92  |
| 93 | 94  |
| 95 | 96  |
| 97 | 98  |
| 99 | 100 |

Entered: \_\_\_\_\_ Date: \_\_\_\_\_

# WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                                                                                                                                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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    |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                 |                          |               |                          |                  |                          |                  |                          |         |                          |                       |                          |               |                          |                   |                          |          |                          |           |                          |                 |                          |         |                          |        |                          |                      |                          |      |                          |        |                          |                              |                          |                                 |                          |                    |                          |                   |                          |               |                          |             |                          |                 |                          |         |                          |            |                          |              |                          |                |                          |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|--------------------------|---------------|--------------------------|-----------------------|--------------------------|----------|--------------------------|---------------------|--------------------------|---------------------|--------------------------|---------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------|--------------------------|---------------|--------------------------|------------------|--------------------------|------------------|--------------------------|---------|--------------------------|-----------------------|--------------------------|---------------|--------------------------|-------------------|--------------------------|----------|--------------------------|-----------|--------------------------|-----------------|--------------------------|---------|--------------------------|--------|--------------------------|----------------------|--------------------------|------|--------------------------|--------|--------------------------|------------------------------|--------------------------|---------------------------------|--------------------------|--------------------|--------------------------|-------------------|--------------------------|---------------|--------------------------|-------------|--------------------------|-----------------|--------------------------|---------|--------------------------|------------|--------------------------|--------------|--------------------------|----------------|--------------------------|--|--|
| Job: _____<br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | <b>DISPOSITION</b><br>Rework <input type="checkbox"/> <input type="checkbox"/><br>Scrap <input type="checkbox"/> <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> <input type="checkbox"/> |                          | <b>DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Machining <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Large Fab <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Cross tube <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Small Fab <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Finishing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Eng. (Non-AW) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Engineering <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Water Jet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Supplier <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Quality <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                          |                       |                          |               |                          |                       |                          |          |                          |                     |                          |                     |                          |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                 |                          |               |                          |                  |                          |                  |                          |         |                          |                       |                          |               |                          |                   |                          |          |                          |           |                          |                 |                          |         |                          |        |                          |                      |                          |      |                          |        |                          |                              |                          |                                 |                          |                    |                          |                   |                          |               |                          |             |                          |                 |                          |         |                          |            |                          |              |                          |                |                          |  |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | Sequence #: _____                                                                                                                                                                                        |                          | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | MRB (QS1042) _____    |                          |               |                          |                       |                          |          |                          |                     |                          |                     |                          |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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   |               |                          |                   |                          |          |                          |           |                          |                 |                          |         |                          |        |                          |                      |                          |      |                          |        |                          |                              |                          |                                 |                          |                    |                          |                   |                          |               |                          |             |                          |                 |                          |         |                          |            |                          |              |                          |                |                          |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                          |                          | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                       |                          |               |                          |                       |                          |          |                          |                     |                          |                     |                      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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                 |                          |               |                          |                  |                          |                  |                          |         |                          |                       |                          |               |                          |                   |                          |          |                          |           |                          |                 |                          |         |                          |        |                          |                      |                          |      |                          |        |                          |                              |                          |                                 |                          |                    |                          |                   |                          |               |                          |             |                          |                 |                          |         |                          |            |                          |              |                          |                |                          |  |  |
| Root Cause<br><table border="1"> <tr> <td>Operator</td><td><input type="checkbox"/></td> </tr> <tr> <td>Manufacturing Process</td><td><input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling</td><td><input type="checkbox"/></td> </tr> <tr> <td>Handling/Preservation</td><td><input type="checkbox"/></td> </tr> <tr> <td>Material</td><td><input type="checkbox"/></td> </tr> <tr> <td>Product Improvement</td><td><input type="checkbox"/></td> </tr> <tr> <td>Process Improvement</td><td><input type="checkbox"/></td> </tr> <tr> <td>Human Factors</td><td><input type="checkbox"/></td> </tr> </table> |                          |                                                                                                                                                                                                          |                          | Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | Equip/Tooling | <input type="checkbox"/> | Handling/Preservation | <input type="checkbox"/> | Material | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Human Factors | <input type="checkbox"/> | <b>FAULT CATEGORY</b><br><table border="1"> <tr> <td>Pressure/Forced</td><td><input type="checkbox"/></td> <td>Contamination</td><td><input type="checkbox"/></td> <td>Power Loss/Surge</td><td><input type="checkbox"/></td> <td>Positioned Wrong</td><td><input type="checkbox"/></td> </tr> <tr> <td>Bending</td><td><input type="checkbox"/></td> <td>Misaligned/off center</td><td><input type="checkbox"/></td> <td>Folio/Program</td><td><input type="checkbox"/></td> <td>Outside Tolerance</td><td><input type="checkbox"/></td> </tr> <tr> <td>Crushing</td><td><input type="checkbox"/></td> <td>BOM/Route</td><td><input type="checkbox"/></td> <td>Grain Direction</td><td><input type="checkbox"/></td> <td>Drawing</td><td><input type="checkbox"/></td> </tr> <tr> <td>Cracks</td><td><input type="checkbox"/></td> <td>Broken/Damage/Defect</td><td><input type="checkbox"/></td> <td>Weld</td><td><input type="checkbox"/></td> <td>Finish</td><td><input type="checkbox"/></td> </tr> <tr> <td>Crimp/Kink/Ripple/Wave/Twist</td><td><input type="checkbox"/></td> <td>Incomplete/Unclear Instructions</td><td><input type="checkbox"/></td> <td>Wrong Stock Pulled</td><td><input type="checkbox"/></td> <td>Part Lost/Missing</td><td><input type="checkbox"/></td> </tr> <tr> <td>Marks/Chatter</td><td><input type="checkbox"/></td> <td>Drill Holes</td><td><input type="checkbox"/></td> <td>Out of Sequence</td><td><input type="checkbox"/></td> <td>Misread</td><td><input type="checkbox"/></td> </tr> <tr> <td>Mislabeled</td><td><input type="checkbox"/></td> <td>Fit/Function</td><td><input type="checkbox"/></td> <td>Off-set/Set-up</td><td><input type="checkbox"/></td> <td></td><td></td> </tr> </table> |  |  |  | Pressure/Forced | <input type="checkbox"/> | Contamination | <input type="checkbox"/> | Power Loss/Surge | <input type="checkbox"/> | Positioned Wrong | <input type="checkbox"/> | Bending | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Folio/Program | <input type="checkbox"/> | Outside Tolerance | <input type="checkbox"/> | Crushing | <input type="checkbox"/> | BOM/Route | <input type="checkbox"/> | Grain Direction | <input type="checkbox"/> | Drawing | <input type="checkbox"/> | Cracks | <input type="checkbox"/> | Broken/Damage/Defect | <input type="checkbox"/> | Weld | <input type="checkbox"/> | Finish | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave/Twist | <input type="checkbox"/> | Incomplete/Unclear Instructions | <input type="checkbox"/> | Wrong Stock Pulled | <input type="checkbox"/> | Part Lost/Missing | <input type="checkbox"/> | Marks/Chatter | <input type="checkbox"/> | Drill Holes | <input type="checkbox"/> | Out of Sequence | <input type="checkbox"/> | Misread | <input type="checkbox"/> | Mislabeled | <input type="checkbox"/> | Fit/Function | <input type="checkbox"/> | Off-set/Set-up | <input type="checkbox"/> |  |  |
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| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> |                                                                                                                                                                                                          |                          |                                                                                                                                                 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| Handling/Preservation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> |                                                                                                                                                                                                          |                          |                                                                                                                                                 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| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> |                                                                                                                                                                                                          |                          |                                                                                                                                                 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| Product Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |                                                                                                                                                                                                          |                          |                                                                                                                                                 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| Process Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |                                                                                                                                                                                                          |                          |                                                                                                                                                 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| Human Factors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> |                                                                                                                                                                                                          |                          |                                                                                                                                                 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| Pressure/Forced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | Contamination                                                                                                                                                                                            | <input type="checkbox"/> | Power Loss/Surge                                                                                                                                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| Bending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | Misaligned/off center                                                                                                                                                                                    | <input type="checkbox"/> | Folio/Program                                                                                                                                   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| Crushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | BOM/Route                                                                                                                                                                                                | <input type="checkbox"/> | Grain Direction                                                                                                                                 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| Cracks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | Broken/Damage/Defect                                                                                                                                                                                     | <input type="checkbox"/> | Weld                                                                                                                                            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| Crimp/Kink/Ripple/Wave/Twist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | Incomplete/Unclear Instructions                                                                                                                                                                          | <input type="checkbox"/> | Wrong Stock Pulled                                                                                                                              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| Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | Drill Holes                                                                                                                                                                                              | <input type="checkbox"/> | Out of Sequence                                                                                                                                 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| Other/Details: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                                                                                                                                          |                          |                                                                                                                                                 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| Completed By _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                                                                                          |                          | Lead hand / Supervisor _____                                                                                                                    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| QC / QA Coordinator _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                          |                          |                                                                                                                                                 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